INSTRUCTIONS: No permits will be issued until all fees are paid. SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) 007 0 4 2017 NOV 0 6 2017 Refluyer (F) ENTERED ____ Œ Amount Paid: Permit #: 11-22-1 \$50 11-20-17 7-2468 0

Commercial Use Comm	# Project and/or basement Cary Structure Cary Struct	Mailing Address: City/Strate/Zity: City	CAUTH England Carp Standards Carp										☐ Commercial Use	appears to the second s			X Residential Use				Proposed Use	Proposed Construction:	Existing Structure:		 	, T 1	38,00			Value at Time of Completion * include donated time & material	□ Non-Shoreland		X Shoreland —▶		Section 06	1/4,	LOCATION		Agent:	87875 W	of Proper	Te CC S
CM OVEY 3424 Meymord Carve Cliv/State/Zic: Contractor Process Cliv/State/Zic: Contractor Process Cliv/State/Zic: Contractor Process Contractor Contrac	City/State/Zip: 3444 Ma/Word Green City/State/Zip: Herbsfer WI 56026 Contractor Phone: Fellows Fellows Agent Phone: Agent Mailing Address (include City/State/Plone Agen	Mailing Address: 3 4 3 4 Ma Ma Mac City/State/Zip: 3 4 3 4 Ma Ma Mac City/State/Zip: Herb Sper W S 60 3 6 Contractor Phone: Plumber: Milling Address (include City/State/Zib) Agent Phone: Plumber: Mac Agent Mailing Address (include City/State/Zib) Agent Phone: Proposed Structure Agent Mailing Address (include City/State/Zib) Agent Mailing Address (include Ci	Mailing Address: 3 4 3 4 Ma Ma Mac City/State/Zip: 3 4 3 4 Ma Ma Mac City/State/Zip: Herb Sper W S 60 3 6 Contractor Phone: Plumber: Milling Address (include City/State/Zib) Agent Phone: Plumber: Mac Agent Mailing Address (include City/State/Zib) Agent Phone: Proposed Structure Agent Mailing Address (include City/State/Zib) Agent Mailing Address (include Ci										se						X			ion:	(if permit bein		 Run a Busi	Relocate (e	Conversion	Addition/	New Const	Proje			X Is Property	☐ Is Propert	',		Legal Descrir	1/1/1/1/1/	on Signing Appli	est K	17	F
Mailing Address: City/State/Zip: Herb Sfer WIT S	City/State/Zip: City/State/Zip: City/State/Zip: Herbser M. m.en Abn.L.	City/State/Zip: City/State/Zip: City/State/Zip: Herbser M. menhen!	Mailing Address: 3424 Mayword Grey/State/Zip: 3424 Mayword Grey/State/Zip:	Other: (ex	Condition	Special Us		Accessory	Accessory	Addition/	Mobile Ho	Bunkhous							Residence	Principal 9		***************************************	ng applied for		ness on	existing bldg)	ח	Alteration	truction	ä			y/Land withir	y/Land withir ndward side o	50	1	-24	and the second s	Pentr Kation on behalf	and	MOVE	
Mailing Address: 3 424 Maywood Carve 10 City/State/Zip: Herbster, WI S Contractor Phone: 15-201-1852 Fd/s M Agent Phone: 15-201-1852 Fd/s M Agent Mailing: 15-201-1852 Fd/s M	Mailing Address: 3 4 4 1 May wood Carve Minnenten: City/State/Zip: Herb Sfer WI 56026 VG-3209/1852 Feld Mechanical Rest ID# (4-5 digits) Agent Phone: If yes—continue → If	Mailing Address: 3424 MA MA JUNOSE Carve Distance Zip: 3424 MA JUNOSE Carve MAILING IN Carl Mailing Address (Include City/State/Zip): MAILING IN CAR Page Lot(s) No. Block(s) No. Subdivision Is a 0-1-850 Feet Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision Is a mailing Address (Include City/State/Zip): MAILING IN CARL Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision Is a mailing Address (Include City/State/Zip): CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No. Block(s) No. Subdivision CSM Vol & Page Lot(s) No. Block(s) No.	Article Address: Article Amunicipal/City Article Amunicipal/City Article Amunicipal/City Amunicipal/Ci	plain)	al Use: (explain)	e: (explain)	And a special and a second sec	Building Additi	- 1		ome (manufacture	e w/ (□ sanitary,	with Attached	with (2 nd) Dec	with a Deck	with (2 nd) Por	with a Porch	with Loft	(i.e. cabin, hunt	Structure (first s			r is relevant to it)					X 1-Story + Lo		# of Stories and/or baseme			1000 feet of Lake	1 300 feet of River, f Floodplain?	06		<u>-</u>					,
Town of: Use Distance St Distance St Distance St Distance St Distance St Distance St None Distance St Ontinue	Town of: Use Use Use Use Distance Structure is from Shord on the period (Feb. 1) What is a separate of the period of the period (Feb. 1) What is a separate of the period of the period (Feb. 1) Sewer Mailing Address (include City/s) What is a separate of the period of the p	Test: Majurable Carve Minn en fente	City/State/Zip: Teleph T					on/Alterat	ify)	cify)	ed date)		Garage	*		ch			ting shack,	tructure o	Propo	Len	Len	-	nt			×	S	nt .		If yesco	, Pond or F		₩	S		N/A Fax ID# (4-5 c	15-209 Agent Phone	Herbs.	City/State/	Mailing Add
Agent Mailing // Agent	City/State/Zip: Carve Minnenton/E With the property of the privy (Pit) of the pr	City/State/Zip: # S6026 Plumber: # Lot(s) No. Block(s) No. Subdivisio Lot(s) No. Block(s) No. Subdivisio Comment # What Typ of	Carve			-		:ion (specify				oing quarters							etc.)	n property)	sed Structu		žth:					ear Round	easonal	Use		1		cl. Intermittent) Ontinue —	B	YOU & Page	72		1852	1	ila:	ress: Na mu po
	Address (include City/s Sewer Sewer Is from Shore Compost Toll Privy (Pit) Compost Toll None Width: 40 Width: 40 Width: 40 Width: 40	7/mnentanta, MM 26026 Chanical Cechanical Cechanical Compositions Shoreline: Fructure is from Shoreline: Fructure is from Shoreline: Feet What Typ Sewer/Sanitary (Exists) Specior Sewer/Sanitary (Exists) Specior Composit Toilet Width: Width: Width: Width: Width: (12 Compositions Shoreline: Compositions Shoreline: Compositions Shoreline: Feet What Typ Sewer/Sanitary Specior Sewer/Sanitary Specior Sewer/Sanitary (Exists) Specior Compositions (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/2) (1/3) (1/4)	Teleph					/)				임				A thirt is the state of the sta					lre.		With the same of t		1				P	of bedrooms			Distance St		1	Louis)	2	N/A	FJ'S M			arve

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): (If there are Multiple Owners listed on

All Ow

ngis

or letter(s) of authorization must

copie

Authorized Agent:

Address to send permit 13424 Maywood

(If you

are signing on behalf of the

er(s)

letter of author

(s) a letter of au

Minnetonka

MX

55345 cation)

Attach

Copy of Tax Statement

purchased the property send your Recorded Deed

Date

Date Seff

li.

Feet Fee

Feet

Feet

Hold For Affidavit:

Hold For Fees:

City, Village, State or Federal May Also Be Required

SANITARY - 17-148S SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Location:		½ of -	1/4	Section	6	Township	50	N.	Range	6	W.	Town of	Bell
Par in Gov't Lot	1	Lot		Bloc	:k	Su	bdivisio	on				CSM#	

For: Residential Use: [1.5 - Story; <u>Residence</u> (40' x 50') = 2,000 sq. ft.; <u>Loft</u> (18' x 50') = 900 sq. ft.; <u>Deck</u> (12' x 40') = 480 sq. ft.] Total Overall = 3,380 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): UDC permit and inspections required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

November 22, 2017

Date